PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate that further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

26689

APPLICATION NO.

10/039,364

7590

12/18/2003

WILDMAN, HARROLD, ALLEN & DIXON 225 WEST WACKER DRIVE CHICAGO, IL 60606

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

transmitted to the USPTO, on the date indicated below.

Christine M. Pavlyk

(Depositor's name)

(Signature)

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO. CONFIRMATION NO.

TJK/201

TITLE OF INVENTION: MASK ROM, AND FABRICATION METHOD THEREOF

FILING DATE

11/07/2001

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330	\$300	\$1630	03/18/2004	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	7		
QUINTO,	KEVIN V	2826	257-390000	_		

Min Gyu Lim

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

Dongbu Electronics Co., Ltd.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Timothy J. Keefer, Reg.

No. 35,567

Seyfarth Shaw LLP

3______

9805

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Seoul, Korea

Please check the appropriate assignee category or categories (will not be printed on the patent);

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies ___Ten (10)

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number ___19-1351 ______ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

31v8)

(Authorized Signature) Douglas S. Rupert

NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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03/24/2004 HBERHE1 00000097 10039364

01 FC:1501 1330.00 OP 300.00 OP 30.00 OP 30.00 OP 30.00 OP

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known

Application Number 10/039,364

FOF FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Signature

(\$)	1660.00
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Complete if Known					
Application Number	10/039,364				
Filing Date	November 7, 2001				
First Named Inventor	LIM				
Examiner Name	K. Quinto				
Art Unit	2826				
Attorney Docket No	TJK/201				

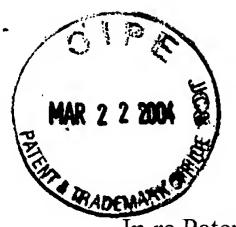
3/18/04

Date

METHOD OF PAYMENT (check all that apply)				FE	E CALCULATION (continued)		
✓ Check Credit card Money Other None 3			3. ADDITIONAL FEES				
Deposit Account:	<u>Large</u>	Entity	I				
Deposit Account 19-1351	Fee Code	(\$)	Code		Fee Description	Fee Paid	
Number	1051	130	2051		3		
Deposit Account Name Seyfarth Shaw LLP	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
The Director is authorized to: (check all that apply)	1053	130	1053		Non-English specification	ļ <u>.</u>	
Charge fee(s) indicated below	1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month		
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month		
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month		
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month		
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
SUBTOTAL (1) (\$)	1452	110	2452	55	Petition to revive - unavoidable		
	1453	1,330	2453	665	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from	1501	1,330	2501	665	Utility issue fee (or reissue)	1660.00	
Extra Claims below Fee Paid	1502	480	2502	240	Design issue fee		
Total Claims20** = X =	1503	640	2503	320	Plant issue fee		
Claims - 3** = X = = Multiple Dependent	1460	130	1460	130	Petitions to the Commissioner		
	1807	50	1807	7 50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Description	1806	180	1806	180	Submission of Information Disclosure Stmt		
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1202 16 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection		
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	(37 CFR 1.129(a)) For each additional invention to be		
1204 86 2204 43 ** Reissue independent claims					examined (37 CFR 1.129(b))		
over original patent	1801	770	2801	385	(/		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application		
SUBTOTAL (2) (\$)		Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above	*Redu	iced by	Basic I	Filing F	ee Paid SUBTOTAL (3) (\$) 1660	.00	
SUBMITTED BY (Complete (if applicable))							
Name (Print/Type) Douglas S. Rubert		Registra Attorney		44	434 Telephone 312-269-8504		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)	
* *)	MASK ROM, AND
Min Gyu LIM)	FABRICATION METHOD
)	THEREOF
Application No. 10/039,364	4)	
)	
Application Filing Date: No	vember 7, 2001)	

TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Mail Stop: Issue Fee

Dear Sir:

Please find enclosed the following in the above-captioned patent application:

- 1. Part B – Fee(s) Transmittal in duplicate; and
- 2. A check in the amount of \$1660.00 in payment of the issue fee, publication fee and soft copy fee.

Please charge any additional fees to Deposit Account No. 19-1351. A duplicate of this transmittal is enclosed.

Please acknowledge receipt of the above by returning the enclosed self-addressed, stamped postcard.

Respectfully Submitted,

Date: 3|14/04

Douglas S. Rupert, Reg. No. 44,434

SEYFARTH SHAW LLP 55 East Monroe Street **Suite 4200** Chicago, Illinois 60603-5803 Telephone: (312) 346-8000 Facsimile: (312) 269-8869

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

Date:/

CHI 10652689.1